

ATTACHMENT D -

**AMENDMENT TO PASSPORT PROVIDER
AGREEMENT FOR SOLO OR GROUP
PRACTICES: ADJUSTING MANAGED CARE
ENROLLMENT CASELOAD LIMIT**

Adjusting the enrollment cap for the number of managed care recipients allowed on the practice's managed care roster requires amending the *Agreement for Participation as a Primary Care Provider in the Montana Medicaid Passport to Health and Team Care Programs* contract.

This amendment allows the provider to increase the number of managed care clients allowed on the practice's managed care roster while maintaining case-by-case control over whether clients are admitted to the practice.

Please provide the information requested below and submit this form via Facsimile to (406) 442-4402.

Please adjust the practice's enrollment cap of managed care recipients to _____.
(number)

NAME OF PROVIDER/PRACTICE

PASSPORT PROVIDER NUMBER

PROVIDER'S SIGNATURE

DATE